

Reimbursable Services Agreement

ORIGINAL

AMENDMENT #

Payment Process
☐ Execute RSA (145-90 or 145-95)
 ☐ Agency Journal Entry (430-40)
 ☐ Other _____

Requesting Agency	BRU	Component	ADN #
Servicing Agency	BRU	Component	ADN #

I. Project or program title:**II. The servicing agency agrees to provide the requesting agency with the following service(s):****III. Terms and mechanics of reimbursement:****Billing Address:**

- ☐ Payment upon approval
☐ Payment upon receipt of interagency billing
☐ Payment upon completion of service(s)
☐ Other (Specify) _____

Commencement date	Completion date	Billing RD code	Phone #
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IV. Servicing agency cost based on:

- ☐ Itemized costs of service(s) provided
☐ Cost allocation schedule (description of allocation methodology must be attached)

V. Schedule of maximum costs to be incurred by the Servicing Agency:

	Original Agreement	Previous Amendment(s)	This Amendment	Total
Personal Services	\$ _____	\$ _____	\$ _____	\$ 0.00
Travel	\$ _____	\$ _____	\$ _____	\$ 0.00
Contractual	\$ _____	\$ _____	\$ _____	\$ 0.00
Supplies	\$ _____	\$ _____	\$ _____	\$ 0.00
Equipment	\$ _____	\$ _____	\$ _____	\$ 0.00
Grants	\$ _____	\$ _____	\$ _____	\$ 0.00
Total	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>	\$ <u>0.00</u>

VI. Budgeting and accounting information :Servicing Agency may not change line items without approval of Requesting Agency ☐

Requesting agency This agreement is budgeted ☐ No ☐ Yes If Yes, in FY ☐
 Operating budget page _____
 Continuing funds ☐ No ☐ Yes
 Capital budget page _____

1. Financial coding to be charged

Appropriation Cite _____

2. Open Item # or Batch # (RS, EN, or AJE)

Appropriation Cite _____

4. Federal funds ☐ No ☐ Yes Amount _____**3. Date funds lapse** _____

Federal Agency/Program/CFDA No./ Grant/Contract No. _____

Federal Pass Through ☐ Yes

Servicing Agency This Agreement is budgeted ☐ No ☐ Yes If Yes, in FY ☐
 Operating budget page _____
 Capital budget page _____

AR _____ CC _____ PR _____ LC _____ GR _____ OR _____

VII. Approvals & Certification: The requesting agency and servicing agency agree to the terms and conditions above. In addition, the requesting agency certifies that sufficient funds are encumbered to pay this obligation or that there is a sufficient unencumbered balance in the appropriation cited to cover this obligation. I am aware that to knowingly make or allow false entries or alterations on a public record, or knowingly destroy, mutilate, suppress, conceal, remove or otherwise impair the verity, legibility or availability of a public record constitutes tampering with public records punishable under AS 11.56.815-820. Other disciplinary action may be taken up to and including dismissal.

Requesting Agency Authorized Signature	Printed Name	Date
Servicing Agency Authorized Signature	Printed Name	Date
OMB Authorized Signature (As applicable)	Printed Name	Date